



UNIVERSITY
OF MICHIGAN

MAR 26 1956

PUBLIC HEALTH
LIBRARY

California's Health

Vol. 13, No. 17 · Published twice monthly · March 1, 1956

CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS—PRESIDENTIAL ADDRESS *

HAROLD D. CHOPE, M.D., Director, San Mateo County Department of Health and Welfare, and
1955 President, California Conference of Local Health Officers

THE BACKWARD LOOK

Hindsight is always recommended as a safer phenomenon than foresight. Although eight years is a short time to record social change and progress, I thought it would be interesting to make a few comparisons between the year 1947, when the California Conference of Local Health Officers was organized, and the current year. The time available will not permit a full review, so I have selected a few items for comparison.

The conference was organized in San Francisco on September 29, 1947, at which time a set of rules and regulations was adopted and Dr. George Uhl, Dr. Stanford Farnsworth and Dr. John Sippy † were elected president, vice president, and secretary, respectively. Of the original group of organizing, full-time health officers only 11 are now members of the conference as local health officers.

During this relatively short span of eight years, vigorous progress has been made in public health in California. All of us who are so close to daily responsibilities, perhaps do not realize what these eight years have wrought, so I have selected three areas—health personnel, health budgets and health facilities—for comparison.

Population and Personnel

That the population of California and each of its component govern-

* Condensed from an address to the California Conference of Local Health Officers at the fall meeting, December 9, 1955, at Santa Ana.

† Dr. Uhl is Los Angeles City Health Officer, Dr. Farnsworth was then Oakland City Health Officer but since 1951 has been with W. H. O. in Latin America; and the late Dr. Sippy was health officer of the San Joaquin Local Health District.

In 1947 the California State Legislature passed the Public Health Assistance Act, providing state funds to augment local appropriations for public health. This act contained a provision for the creation of a California Conference of Local Health Officers with which the State Board of Public Health and the State Department of Public Health "shall consult in establishing standards as provided in this chapter," and further that the president of the conference, after consultation with the State Director of Public Health, shall appoint, for the purpose of advising with the director, such committees of the conference "as may from time to time be necessary." The act specified that the conference "shall consist of all legally appointed local health officers in the State."

By this action the Legislature created a new and unique pattern in public health administration. The conference has since become an important force in shaping public health in California. Through its study committees and other administrative liaison with the State Department of Public Health, most of the membership has become engaged in year-round activities to bring about better public health service to the people of California. (The 1956 study committees are listed elsewhere in this issue.)

mental jurisdictions are booming has never been disputed. Department of Finance estimates reveal a 37.1 percent population increase from 9,187,

000 in 1946-47 to 12,595,000 in 1954-55. During this same period, local budgeted positions have increased 61.7 percent from 1,661 to 2,687 and State Health Department personnel has increased from 650 to 872, or 34.1 percent increase.

Not only has the actual number of positions been increased but new disciplines have been added to many local departments. In 1947, 10 jurisdictions budgeted for a health educator. In 1955, 25 had one or more health educators for a total of 43 budgeted positions. Eight years ago, no health officer except Los Angeles County had a medical social worker budgeted. Today, 13 jurisdictions employ a total of 35 medical social workers. Nutrition as a public health discipline has been recognized by six jurisdictions which employ 11 nutritionists.

Our personnel dedicated to public health has not only kept abreast of our zooming population, but actually grown larger in proportion. Eight years ago, there was one local public health worker for every 5,530 Californians. This year there is one for every 4,687.

Budgets

Budgets have gone up also. In 1947, all local health departments in California spent \$5,463,431, or an average of 59 cents per capita. This year, we, as local health officers, will spend \$17,885,082, or \$1.42 per capita—a 227 percent increase in gross expenditure and a 140 percent increase in per capita expenditure. Of course, inflation accounts for a good part of this increase, but public health ex-

pansion and improved service are also reflected.

Facilities

The most tangible evidence of the progress of public health is in buildings like this one*—not as elegant, but as functional—throughout the State.

In 1947, only 10 jurisdictions had 75 percent or better of their health housing need met by the rather unrefined standards of that time. Today, 24 jurisdictions have over 75 percent of their need met (11 districts and 13 cities or counties) and several areas are still building. Here is a singular example of the results of close cooperation between the conference and the Bureau of Hospitals of the State Department of Public Health.

The first Hill-Burton grant for a health center was made in 1949 to Fresno County for 20,500 square feet. Federal funds amounting to \$216,497 were granted.

Since 1949, not a year has passed without an allocation of federal and state funds for health center construction, with a total of 18 projects with 259,651 square feet at an estimated cost of about \$6,000,000.

In addition, health centers have been built by Los Angeles City, Los Angeles County, Orange County, San Mateo County, San Bernardino County, Long Beach, and Napa County, and new secondary centers in San Francisco, without Hill-Burton financial participation.

Trained Administrators

Although it would be easy to discount the advances cited in the three fields as merely a result of good times, free spending and a prosperous economy, I personally feel that something much more fundamental is indicated. I think there is real evidence available that preventive medicine and public health are not only accepted by the public, by our local city councils and boards of supervisors, but that a demand for continual improvement is obvious in the advances we have made. It is also my considered opinion that these advances have in large part been due to the fact that California has perhaps the best

trained corps of administrative health officers with more Masters of Public Health, Doctors of Public Health, and Diplomats of the American Board of Preventive Medicine in administrative posts on the local level than any other state in the Union. This caliber of qualification and leadership cannot help but be a major factor in the fundamental growth of preventive medicine in this State. It almost goes without saying that with adequate financial support and good professional leadership at the head of a department, the associated disciplines, such as nursing, sanitation, laboratory, statistics, medical social work, nutrition, etc., also attract specialists of high caliber. Further, I do not feel that the advances made over the past eight years represent frothy or fancy additions to our programs. I sincerely feel that each advance made has been of a fundamental, basic nature in an effort to attack an obvious public health problem in the State or the county. I am sure that public health in California will continue to progress in the solution of biosociological and medical problems in this State.

THE FORWARD LOOK

I feel that anyone who has the opportunity and responsibility of stewardship of this organization for a year would be remiss if he failed to point out to the membership some of the problems encountered. I have six that I'd like to call to your attention and to the attention of the incoming administration.

1. Conference Mechanics

I had some part in setting up the mechanism of the Committee on Administrative Practices and so I feel perfectly free to criticize this mechanism. Under ordinary conditions, the plan of the study committees completing their work, reporting to the C. A. P. for purposes of coordination and the C. A. P. formalizing a proposed action for presentation to the conference functions smoothly. The difficulty encountered this year is that this mechanism does not lend itself to emergency requirements. We have had several serious emergency situations throughout the year which could not wait for the thorough but somewhat slow grinding of the wheels of the

conference. Doctor Merrill and the members of the staff of the State Department of Public Health have taken every action to include the conference in the thinking and the problem-solving of the State Department and, as a result, have had to use the executive committee on emergency call and ad hoc committees to a considerable extent. Although, as president of the conference I sincerely appreciate the willingness of the State Department of Public Health to try to obtain our best opinion, I feel that a two- or three-member ad hoc committee or the four-member executive committee are too small to reflect the thinking of the health officers of this State. In addition, when decisions have been made on this level, our communications to the remainder of our colleagues have not been adequate and many local health officers have had the feeling that the conference had not been consulted on problems. The emergencies which arose, which come to mind of course, are those around legislation, the polio vaccination program, rabies and the request for opinion on the sanitary problems in the lettuce fields.

I would, therefore, like to suggest to the new administration that consideration be given to having the Committee on Administrative Practices hold at least five or six meetings, preferably every other month, rather than the present three meetings, and that matters of emergent nature be cleared with the Committee on Administrative Practices with its 15 members rather than the executive committee with its four members. This problem has been discussed with the State Department of Public Health and to date the State Department of Finance has approved the rather modest expenses of the committees of the conference, and I feel that more frequent meetings of the C. A. P.—if the members feel they can spare the time—would be of considerable advantage in expediting the work of the conference and the State Department of Public Health.

2. Study Committees

Attendance at some of the study committees this year has fallen off. I recently heard a definition of the communistic state which was "A place

* The conference met in the new health center of the Orange County Health Department. The center was dedicated that day (December 9th).

where everything that is not forbidden is compulsory." There should be no compulsion placed on any member of the conference to attend committee meetings. I feel the chance to participate in the work of this organization should be considered strictly a privilege. It is probable that the reason for the poor attendance on one or two committees was the fact that your president made hasty appointments, that is, appointments of men to committees in which the individual health officer had little or no interest. Last year, in an effort to get the mechanism of the conference rolling, we made appointments immediately after the Bakersfield meeting. This year, it is hoped that more time and planning can be devoted to committee appointments and that any of you who have special interests will indicate them to the president or to the State Division of Local Health Service.

The study committee structure of the conference still remains one of the basic methods of accomplishment for the conference and it is of continuing importance that we have enthusiastic support and interest in these committee activities.

3. Local Health Service Personnel

My third topic for the future is far from a new thought. This conference is on record over and over again in support of additional personnel for the Division of Local Health Service. A tabulation of the 1955-56 Budget of the State Department of Health shows the

Division of Preventive Medical Services	\$1,624,163
Division of Administration	1,453,957
Division of Environmental Sanitation	1,284,840
Division of Laboratories	869,995
Division of Local Health Service	81,817
Division of Dental Health	47,527

Although all of us on the local level appreciate and frequently seek the consultation of the specialists in the various bureaus of the State Health Department, it is to the Division of Local Health Service that most health officers relate. It is quite obvious that with one division chief and three physician associates, there is little chance for the Division of Local Health Service to provide much local

consultation, particularly in view of the fact that this division bears the major brunt of all of the administrative responsibility of the conference and its committees.

Although the members of the conference have never been hesitant about expressing their opinions, I feel that it is not within our province to attempt to dictate to the State Department of Public Health as to the disposition of their budget. However, I strongly feel that I would have the complete support of the members of this conference in recommending once again that the State Department of Public Health seriously consider the desirability of adding more field staff to the Division of Local Health Service.

4. Liaison With Other Organizations

A fourth point which I'd like to call to the attention of the conference is the liaison of the conference with other organizations with joint interests. For a period of two years, we have been attempting to arrange a meeting with the welfare directors. This year we finally had one meeting of the executive committee of the conference and the Welfare Directors Association's Health and Hospital Committee and the members of the welfare directors' committee expressed interest in the discussion of joint health and social service problems.

There is more and more need for us as local health officers to relate to our medical directors of county hospitals. On this, I have found no avenues to open because of the fact that the county hospital superintendents have no particular organization. There is a public hospital section of the Western Hospital Association but this group does not seem to be in a position to discuss joint problems with the conference. Any suggestions as to how to relate more intimately to the county hospital superintendents throughout the State, I am sure would be gratefully received by the executive committee of this conference.

There are many indications that the relationship of the conference to the California Association of Boards of Supervisors is growing and strengthening. This relationship should also be nurtured and encouraged.

Those members of the conference who are also members of the California League of Cities have represented the conference well in this organization.

Since the organization of this conference, our relationships with our individual colleagues in clinical practice and with the California Medical Association, and its constituent county societies, have been excellent. These relationships are essential to preserve our effective functioning in the field of public health administration.

5. Program Trends

Those of you who were fortunate enough to attend the annual meeting of the American Public Health Association I am sure realize the emphasis which was placed on the shift in importance of chronic diseases and mental diseases in the modern public health program. We have had in the State outstanding leadership in these two fields from the State Department of Public Health and a number of local health departments have instituted at least beginning programs in these fields.

I would like to emphasize here the fact that there is a public health challenge in chronic diseases and mental health and that the public health experts of the Nation are recognizing and urging us as local health officers to include provision in our program planning for these two services.

6. Efficiency Studies

And, finally, as far as the future is concerned, a word of warning to all of us as administrative health officers. During the war, a large corps of men trained in the field of industrial engineering and efficiency engineering found profitable employment. Many of these men, with both business and engineering backgrounds, have now joined companies which specialize in administrative service of various types. I am told that there are some 400 such individuals or groups incorporated in California.

I feel that this tendency of management specialists to seek contracts with boards of supervisors and county managers to study health departments should be reviewed by this conference with some care. I am firmly convinced that there is no administrative health officer in the State who would not be

glad to submit his department to any study which would lead to more effective and more economical administration. However, the part that worries me is the fact that there is apparently a fundamental fallacy in the fact that men trained in efficiency engineering and industry attempt to evaluate a service designed primarily for humanitarian and medical purposes. I do not believe that the time will ever come when we, as health officers, and our staffs, as health workers, will be able to accept the fact that our programs must be guided by a statistical time analysis rather than our professional, subjective opinions gained over years of experience in administration. As physicians, I think we all realize the importance of that paramount quality in medicine known as clinical or surgical judgment. This is often the factor that separates great physicians from commonplace physicians. To my way of thinking, this quality is not measurable by industrial engineering methods. I harbor a deep-seated fear that, if we as health officers are forced to mechanize our services, we will sacrifice the very element which makes them valuable to the people we try to serve.

CONCLUSION

Although not entirely due to the conference, since the organization of the conference, public health in California has made phenomenal strides and advancement. We are better supported financially, we are better staffed with better trained people, and we are housed in health centers which testify to the dignity and stature of public health in this State. However, our work is not completed and never will be completed. New challenging problems come forth constantly, begging for solutions which we have to work out singly and jointly. We must constantly interpret our philosophies, our thinking and our results to the public and to other disciplines associated with and adjunct to our specialty. We must be ever alert to any threat which will in any way destroy our prior accomplishments or our primary philosophies.

There can be no question that the unity of this conference is well designed to accomplish these needs.

1956 Study Committees Appointed By Health Officers' President

Edward Lee Russell, M.D., 1956 President of the California Conference of Local Health Officers, has announced the new study committees to serve during the coming year. Chairmen of the six standing and two ad hoc committees are members of the Conference's Committee on Administrative Practices.

The committee list, noting the health jurisdiction of the health officers follows:

COMMITTEE MEMBERSHIP—1956

Executive Committee

Edward Lee Russell, M.D., President, Orange
Ellis D. Sox, M.D., Vice President, San Francisco
Merle Cosand, M.D., Secretary, San Bernardino

Committee on Administrative Practices

Herbert Bauer, M.D., Chairman, Yolo
Carolyn B. Albrecht, M.D., Marin
Harold D. Chope, M.D., San Mateo
Garold L. Faber, M.D., Butte
Russell G. Ferguson, M.D., Santa Cruz
David Frost, M.D., City of Alameda
Roy O. Gilbert, M.D., Los Angeles County
Helen Hart, M.D., City of Santa Barbara
James C. Malcolm, M.D., Alameda County
Austin W. Matthis, M.D., Imperial
Robert D. Monlux, M.D., Fresno
Emil E. Palmquist, M.D., Berkeley
W. Elwyn Turner, M.D., Santa Clara
George M. Uhl, M.D., City of Los Angeles

Study Committee on Communicable Disease and Laboratories

Carolyn B. Albrecht, M.D., Chairman, Marin
Elmer M. Bingham, M.D., San Joaquin
A. Frank Brewer, M.D., Merced
Calvert L. Emmons, M.D., Ontario
Myron W. Husband, M.D., Monterey
I. D. Litwack, M.D., Long Beach
William B. McKnight, M.D., Plumas
Wilber J. Menke, Jr., M.D., Pasadena
Norman Nichols, M.D., Mariposa
Rachel Sandrock, M.D., Shasta

Study Committee on Environmental Sanitation

Austin W. Matthis, M.D., Chairman, Imperial
R. V. Blumhagen, M.D., Madera
Henry M. Bockrath, M.D., City of San Bernardino
William C. Buss, M.D., Kern
Garold L. Faber, M.D., Butte
Myron W. Husband, M.D., Monterey
Mr. Mark J. Landquist, Modesto
Ruth Moldenhauer, M.D., Placer
Hubert O. Swartout, M.D., San Luis Obispo
Lester S. McLean, M.D., Humboldt-Del Norte

Ad Hoc Committee on Legislative Policy

James C. Malcolm, M.D., Chairman, Alameda County
J. B. Askew, M.D., San Diego
Harold D. Chope, M.D., San Mateo
Emil E. Palmquist, M.D., Berkeley
George M. Uhl, M.D., City of Los Angeles

Ad Hoc Disaster Committee

Russell G. Ferguson, M.D., Chairman, Santa Cruz
Elmo Alexander, M.D., Tulare

COMMITTEE MEMBERSHIP—1956

Garold L. Faber, M.D., Butte
Roy O. Gilbert, M.D., Los Angeles
Robert D. Monlux, M.D., Fresno
Rachel Sandrock, M.D., Shasta
Edith F. Young, M.D., Sutter-Yuba
Samuel Lamb, M.D., Siskiyou

Ad Hoc Committee on Subdivisions

Robert S. Westphal, M.D., Chairman, San Joaquin
J. B. Askew, M.D., San Diego
Henrik L. Blum, M.D., Contra Costa
C. R. Kroeger, M.D., Mendocino

Study Committee on General Health Services

Helen Hart, M.D., Chairman, City of Santa Barbara
Dwight M. Bissell, M.D., San Jose
Henrik L. Blum, M.D., Contra Costa
Ira O. Church, M.D., Sacramento
Victor H. Hough, M.D., Inyo
Henry G. Mello, M.D., Solano
Wilber J. Menke, Jr., M.D., Pasadena
Jack C. Nichols, D.O., Mono
Everett M. Stone, M.D., Riverside
Robert Westphal, M.D., Sonoma
Edith F. Young, M.D., Sutter-Yuba
I. D. Litwack, M.D., Long Beach

Study Committee on Health Facilities

W. Elwyn Turner, M.D., Chairman, Santa Clara
Elmo Alexander, M.D., Tulare
Russell G. Ferguson, M.D., Santa Cruz
E. G. Hand, M.D., Alpine
Angus A. McKinnon, M.D., El Dorado
Joseph T. Nardo, M.D., Santa Barbara County
Edward R. Pinckney, M.D., Napa
George M. Uhl, M.D., City of Los Angeles

Study Committee on Special Health Services

David Frost, M.D., Chairman, City of Alameda
J. B. Askew, M.D., San Diego
Henrik L. Blum, M.D., Contra Costa
Russell S. Ferguson, M.D., Santa Cruz
Mary Elizabeth Garthwaite, M.D., Oakland
Roy O. Gilbert, M.D., Los Angeles County
Irena A. Heindl, M.D., Stanislaus
Carl C. Sutton, D.O., Sierra
Donald E. Upp, M.D., Kings

Study Committee on Records and Reports

Robert D. Monlux, M.D., Chairman, Fresno
Elmer M. Bingham, M.D., San Joaquin
H. Anthon Dahlsrud, M.D., Colusa
Frank E. Gallison, M.D., Ventura
Roswell L. Hull, M.D., San Benito
C. R. Kroeger, M.D., Mendocino
Rachel Sandrock, M.D., Shasta
Everett M. Stone, M.D., Riverside

Public Health Positions

Fresno County

Public Health Analyst: Salary range, \$341-\$426. Applications received until further notice. This is to fill a position to be vacant soon in the Fresno County Health Department. For further information write Fresno County Civil Service Commission, Hall of Records, Fresno 21.

Los Angeles City

Sanitarian: Salary range, \$355-\$440. Applicants must have registration as, or be eligible for, sanitarian in California.

Public Health Nurse: Salary range, \$355-\$440. Registration as Public Health Nurse in California required.

Public Health Bacteriologist: Salary range, \$319-\$395. Requires certificate issued by State.

Nutritionist: Salary range, \$355-\$440. Graduation from college or university with specialization in dietetics or nutrition and completion of a one-year dietetic internship or one year of graduate study in dietetics or nutrition. Professional experience may be substituted on a year for year basis for required education.

For further information regarding the Los Angeles positions write George M. Uhl, M.D., Health Officer, Los Angeles City Health Department, 111 E. First Street, Los Angeles 12.

Pasadena

Public Health Nurse: Salary range, \$362-\$441. Requires possession of a valid certificate or registration as a public health nurse in California. Write Personnel Department, City Hall, Pasadena.

San Diego County

Dentist: Salary range, \$647-\$679. Full-time civil service position working with school children in mobile dental unit. Write San Diego County Civil Service, Room 402, Civic Center, San Diego.

State of California

Associate Sanitary Engineer: Salary range, \$530-\$644. This position is with the Accident Prevention Study Group in the Division of Environmental Sanitation, State Department of Public Health. This is one of six professional positions representing various disciplines of health and safety whose purpose is to explore the possibilities of reducing morbidity and mortality resulting from accidental causes in the home and related areas. For further information write Division of Environmental Sanitation, State Department of Public Health, 2151 Berkeley Way, Berkeley 4.

Senior Sanitary Engineer or Senior Industrial Hygiene Engineer: Salary range, \$644-\$782. One position open in the new Bureau of Air Sanitation. The engineer in this position will have principal responsibility for engineering program of the Bureau. Registration as an engineer in California required.

Associate Industrial Hygiene Engineer, Associate Sanitary Engineer, Industrial Hygiene Engineering Associate, or Sanitary Engineering Associate: A total of three

New Health and Safety Code Available From State Printer

The new (1955) edition of the Health and Safety Code is now available from the California State Printing Office, Seventh and Richards Boulevard, Sacramento. This edition, which includes all amendments to the code through and including 1955, may be ordered at a price of \$4.50 per copy in paper binding, or \$6 in leather binding, plus sales tax. The State Department of Public Health does not have copies for distribution.

Epidemiology Course for Nurses Offered at CD Center, Atlanta

A course in epidemiology for nurses will be conducted at the Communicable Disease Center at Atlanta, Georgia, from May 7 through May 26, 1956. Epidemiologic principles, the role of the laboratory in epidemiology, and the application of practical statistical methods to the problems in field epidemiology will be considered through the study of current major communicable diseases. Principles on which nursing care in communicable diseases is based are included. Following the three-week period of instruction, practice in the field in applying these principles under the guidance of the communicable disease nursing consultant may be available to a limited number of students.

Communicable disease nursing consultants, public health nursing supervisors, educational directors, qualified public health staff nurses, and instructors in schools of nursing are eligible for admission to the course.

Requests for further information on the course and application forms should be made to the Chief, Bureau of Public Health Nursing, California State Department of Public Health. The closing date for the submission of applications is April 1, 1956.

positions are open in any of the above classifications. Salary range for associate engineers, \$530-\$644; for engineering associates, \$505-\$613. Registration as engineer in California required for the associate engineers. No registration is required for engineering associate positions. These jobs are permanent positions and will be filled on temporary appointments pending civil service examinations. For further information contact Bureau of Air Sanitation, State Department of Public Health, 2151 Berkeley Way, Berkeley 4.

Epidemiology of Heart Disease To Be Studied in New Projects

Contracts totalling \$15,000 for four new projects in the program of the California State Department of Public Health for the epidemiological investigation of heart disease have been received from the U. S. Public Health Service.

The first project will be a follow-up of coronary heart disease cases detected in the California Health Survey of 1954-55. It will include the verification of diagnostic information supplied by householders during the survey, and a description of the social impact of this condition upon the individual and family. The information available will also permit the testing of certain ideas now current about the causes of heart disease.

The second investigation will determine the frequency of deaths from different types of heart disease in a group of approximately 4,000 persons who were given multiphasic screening examinations in 1951 in order to learn which screening test best indicated impending heart disease. This project entails the continued study of a selected population over a period of years.

A study of the geographic distribution of cardiovascular deaths by census tract of residence is the third project. The census tracts are classified according to sociologic indices. Areas with greater or fewer deaths than expected will be examined for clues as to the pattern of life which leads to heart disease.

The final project is part of a continuing study of deaths from heart disease among persons screened in the Los Angeles mass chest X-ray survey of 1950. The current phase of this work is to determine the mortality experience, especially from cardiovascular diseases, in women who had X-rays with abnormal heart findings in that year.

The projects will be carried out by the staff of the Bureau of Chronic Disease. The project staff will include a social research technician and clerk. Supervision and medical consultation will be provided by the staff of the bureau's recently established Chronic Disease Epidemiology Center.

Prevention of Juvenile Delinquency Is Topic of Town Meetings

Californians are making a concerted and determined effort to deal with the problem of juvenile delinquency, even though 1954 figures show that there was an actual decrease in the measurable aspects of delinquency in the youth of California. All over the State "town meetings" for prevention of delinquency are being planned.

These community meetings were given impetus by Governor Knight when he sent letters in April to mayors of all incorporated cities and to chairmen of all boards of supervisors. He requested each of them "to call together in an old-fashioned town meeting the interested agencies, organizations and individuals of your community to evaluate existing facilities and programs and to study the local aspects of delinquency and delinquency prevention."

The California Youth Authority has prepared two brochures to help communities plan their meetings, and are receiving requests from all parts of the State.

Because public health workers have important contributions to make to their communities' planning for prevention of delinquency, the State Department of Public Health recently sent copies of the Youth Authority's brochures to all local health officers in the State, along with other significant material. In an accompanying letter, Dr. Malcolm H. Merrill, State Director of Public Health, expressed the hope that "health departments will take an active part in the planning and participating in the town hall meetings in their areas."

Included was an article in the September-October issue of *Children*, a publication of the Children's Bureau, entitled, "Delinquency Prevention—A Health Worker's Job, Too." This article was written by Dr. Reginald S. Lourie, Director, Department of Psychiatry, Children's Hospital, Washington, D. C. In it Dr. Lourie says, "If the common sense of doctors, nurses, and others in the health field were added to that supplied by the legal, law-enforcement, welfare, sociological, educational, and law-making facets of the community perhaps the efforts [toward prevention of juvenile delinquency] would have a better chance of working. The health field

has a body of information, particularly *** about the interaction between the body, mind, and environment, that can bring all common-sense approaches to delinquency closer to realities. The sharing of information by health personnel with welfare, school, and law-enforcement agencies is also an important factor in allowing these agencies to proceed in an enlightened manner with children in trouble."

The Children's Bureau called a conference in May for the purpose of determining what health services could contribute to the prevention and treatment of dissocial behavior in children.

It was attended by two staff members of the Bureau of Maternal and Child Health of the State Department of Public Health. Other conferences on juvenile delinquency have been sponsored by the Children's Bureau in past years, but these called together people interested in the legal aspects of the problem. The 1955 conference was the first to focus attention on the relationship of health services to the possible prevention of juvenile delinquency. Proceedings of the conference together with their recommendations for future plans of action and study will be published by the Children's Bureau in the near future.

Meanwhile, planning for town meetings for delinquency prevention is going on all over California with a great variety of pattern to the planning in various communities. In some counties the Conference of Mayors is working with the board of supervisors to give complete coverage to all sections of the county. In other counties the coordinating councils and the community welfare councils are taking leadership in planning for an extensive program that will involve a large number of citizens. In some communities that have a Citizen's Committee on Youth Problems that committee has taken general leadership.

This attack to the problem recognizes that prevention and control of delinquency must be pursued primarily in the community, if it is to be effective. Constant community vigilance can keep the problem within bounds, but it will take concerted community action and continuous community concern to make further progress in the prevention of delinquency.

Rise in Absenteeism Rate Shown In Study of Smog Effects

Reports from medical and nursing services in Los Angeles industrial plants employing several thousand persons indicate that in some plants on smog days there is a substantial rise in the number of employees who leave their work to seek care for eye irritation and other complaints.

This is one of several studies being conducted by the department to determine the effects of air pollution upon health. Additional information on the effect of smog on the health of workers will be forthcoming as the study progresses.

Under observation in another study are 3,500 persons in frail health to determine whether smog periods result in a greater number of deaths or admissions to hospitals than occur on other days. During this fall no such effect was noted although the excessive heat wave which struck Los Angeles in early September did cause a sharp increase in deaths among this group.

Investigations are also underway to learn the effect of air pollution on the health status of persons who already are suffering from severe disease of the lungs. These studies include weekly checks on the condition of the illness in these persons, and some laboratory investigations of lung function in such persons—in relation to the presence or absence of smog.

In these and other endeavors, cooperative relationships have been established with the Los Angeles County Medical Association's Committee on Air Pollution, and the Scientific Advisory Committee to the Los Angeles County Air Pollution Control District.

The findings and recommendations of each town meeting on delinquency prevention are to be submitted to the Governor in preparation for a statewide conference to be held in April, 1956. These reports and recommendations will serve as a framework for this Governor's Conference, will provide the springboard for discussions at that meeting, and will be used to develop a master plan for improvement of services to youth in California.

Border Public Health Association Meets in Mexicali-Calexico April 13-16

The 14th annual meeting of the U. S.-Mexico Border Public Health Association is to be held jointly in Mexicali, Baja California, and Calexico, California, April 13th-16th. The theme this year will be "Public Health in Border Agricultural Areas" and the program will provide time for tours to problem areas on both sides of the border in Calexico and Mexicali.

For the first general session of the coming meeting speakers are being invited who will discuss the background and problems of various phases of the main theme: the medical-social aspect, sanitation problems, and the problems involved in providing health services. Sections in their meetings will then consider the over-all theme as it concerns their disciplines: Sanitation, Maternal and Child Health, Tuberculosis, Venereal Disease, Veterinary Public Health, Nursing, etc. The sections have cochairmen, one from each side of the border.

Many Californians in public health and related work are members of this association and participate in the annual meetings which alternate between the United States and Mexico. The association was organized in 1943 and through its bilateral approach has contributed immeasurably to the solution of problems associated with the common frontier.

Membership in the U. S.-Mexico Border Public Health Association is open to anyone interested in the public health problems of the border states. Active membership is \$1 per year. Further information regarding membership or attendance at the coming meeting may be obtained by writing to Sidney B. Clark, M.D., Secretary, U. S.-Mexico Border Public Health Association, 243 U. S. Court House, El Paso, Texas.

No channel of public health endeavor is ever permanently abandoned. Some are plied less vigorously as we come within sight of our destination. But they can never be closed entirely.—W. Palmer Dearing, M.D., Deputy Surgeon General, Public Health Service. From *Connecticut Health Bulletin*, December, 1955, pp. 339.

SPECIAL CENSUS RELEASES *

Special Censuses of California Cities, **Series P-28** *Alameda County*: Livermore (854); *Fresno County*: Kerman (833); *Kern County*: Shafter (833), Tehachapi (853), Wasco (833); *Los Angeles County*: Glendora (833), Torrance (847); *Merced County*: Merced (849); *Monterey County*: Greenfield (853), Soledad (853); *Orange County*: Fullerton (855), Leguna Beach (853), Placentia (833), San Clemente (853); *Sacramento County*: Sacramento (852); *San Mateo County*: Atherton (833); *Santa Clara County*: Sunnyvale (844); *Stanislaus County*: Ceres (853); *Solano County*: Suisun City (833).

Estimates of the Farm Population of the United States, April, 1950—April, 1954, Bureau of the Census, *Farm Population* September 3, 1955, **Series P-27**, (20).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, United States Department of Commerce at 419 Customs Building, 555 Battery Street, San Francisco, Calif., or at Room 450, 31 South Broadway, Los Angeles, Calif.

* In ordering, specify series and number as shown in parentheses. These numbers are *not* population figures.

Low Cost Exhibit Booklet

A limited number of copies of the Low-Cost Exhibit Booklet produced last year by the Committee on Low-Cost Exhibits, Public Health Education Section, APHA, are still available. They may be obtained for \$1 each (plus 25 cents for mailing) from Ben J. Kiningham, Jr., Chairman, Low-Cost Exhibit Committee, APHA, care of Illinois Tuberculosis Association, 730 South Sixth Street, Springfield, Illinois.

The booklet contains nearly 100 photographs of actual exhibits, most of them in the low-cost category. Several articles deal with materials, production and use of exhibits.

Reasons for Lack of Prenatal Care Are Being Sought in Survey

The reasons for lack of prenatal care are being sought in several local studies, notably in Alameda, Los Angeles and San Bernardino Counties, and in a state-wide survey of the quantity, quality and eligibility requirements of prenatal clinics being operated by county hospitals and local health departments.

The survey was launched after it was learned that while prematurity has long been recognized as a major cause of death and hospitalization in infancy, attention in most of the Country has been focused on improving care of premature infants after birth rather than on preventing premature delivery.

In 1952 the State Department of Public Health took national leadership in examining the preventability of premature birth itself at two regional conferences. It was agreed that although our knowledge of the cause of onset of labor was inadequate, certain conditions associated with the high incidence of premature birth could be controlled by appropriate care during the prenatal period.

The mothers who have the highest incidence of prematurity and the least amount of prenatal care, it was learned, are the group delivered at county hospitals (about 13 percent of all California births).

The survey is being conducted by department staff through personal interviews with representatives from each county hospital and health department. The results will be studied by a number of interested groups in the state in a coordinated effort to improve both the quantity and quality of this prenatal care and thereby prevent a considerable amount of both death and hospitalization of premature infants, as well as many other complications of pregnancy now requiring treatment in county hospitals.

The Census Bureau finds that 20 percent of all persons over one year old, on April, 1955, were living in a different house from the one they lived in a year previously. Roughly one-half of all migrants move from one state to another.—*Family Life, January, 1956*

Functions of Affiliated Societies Studies by A. P. H. A. Committee

A "Committee on Development of Functions and Services for the Strengthening of Affiliated Societies and Branches" has been appointed by Dr. Ira V. Hiscock, President of the American Public Health Association, with Dr. Malcolm H. Merrill, California State Director of Public Health, as committee chairman. The

seven-member committee, representative of regional and local groups, held its first meeting in New York February 13th to study ways and means to strengthen the affiliates and the parent association, and to advise the A. P. H. A. executive board with regard to specific things which might be done.

California has two affiliates of the A. P. H. A., the Northern California Public Health Association and the

Southern California Public Health Association. Many Californians also belong to the Western Branch, A. P. H. A., which includes 11 Western states, Hawaii and Alaska.

Beginning with the Anti-Tuberculosis Society of Philadelphia in 1892, over 20,000 voluntary health agencies have come into being, supported by millions of persons and serving millions of others in a variety of ways.

In the urban population of the U.S. there are now only 91 males for every 100 females, according to the Census Bureau, while the farm population has 108 males to every 100 females. *Family Life, January, 1956*

Review of Reported Communicable Diseases Morbidity by Month of Report January, 1956

DISEASES WITH INCIDENCE EXCEEDING THE FIVE-YEAR MEDIAN

Diseases	Jan. 1956	Jan. 1955	Jan. 1954	Five-year median
Amebiasis	50	48	25	43
* Coccidioidomycosis	12	2	6	6
Diphtheria	11	8	5	8
Encephalitis, type undetermined	7	12	5	5
Food poisoning	81	28	17	17
Hepatitis, infectious, including serum hepatitis	182	153	183	115
Mumps	4,074	2,550	2,848	2,848
Poliomyelitis (paralytic)	95	46	88	88
Rabies, animal	27	2	7	7
Salmonella	55	46	60	46
Shigellosis	88	112	60	62
Typhoid fever	10	6	5	6

DISEASES BELOW THE FIVE-YEAR MEDIAN

Diseases	Jan. 1956	Jan. 1955	Jan. 1954	Five-year median
Brucellosis	2	3	5	5
Malaria	1	2	4	2
Measles	1,827	2,248	2,852	2,248
Meningitis	31	43	38	43
Pertussis	158	488	160	256
Poliomyelitis, total	143	90	157	157
Strep. infections, including scarlet fever	439	840	941	941
Tetanus	2	2	3	2

VENEREOAL DISEASES

Diseases	Jan. 1956	Jan. 1955	Jan. 1954	Five-year median
Syphilis	340	538	484	538
Gonococcal infections	1,186	1,128	1,401	1,438
Chancroid	9	10	18	—
Granuloma inguinale	—	1	—	—
Lymphogranuloma venereum	2	—	4	—

* Since July 1, 1955, active primary (including eschar) and disseminated coccidioidomycosis cases reportable.

† Median not calculated.

printed in CALIFORNIA STATE PRINTING OFFICE

GOODWIN J. KNIGHT, Governor
MALCOLM H. MERRILL, M.D., M.P.H.
State Director of Public Health

STATE BOARD OF PUBLIC HEALTH

CHARLES E. SMITH, M.D., President
San Francisco

MRS. P. D. BEVIL, Vice President
Sacramento

ELMER BELT, M.D.
Los Angeles

HARRY E. HENDERSON, M.D.
Santa Barbara

ERROL R. KING, D.O.
Riverside

SAMUEL J. McCLENDON, M.D.
San Diego

SANFORD M. MOOSE, D.D.S.
San Francisco

FRANCIS A. WALSH
Los Angeles

MALCOLM H. MERRILL, M.D.
Executive Officer
Berkeley

Entered as second-class matter Jan. 25, 1949,
at the Post Office at Berkeley, California,
under the Act of Aug. 24, 1912. Acceptance
for mailing at the special rate approved for
in Section 1103, Act of Oct. 3, 1912.

STATE DEPARTMENT OF PUBLIC HEALTH

BUREAU OF HEALTH EDUCATION

2151 BERKELEY WAY

BERKELEY 4, CALIFORNIA

28484-F 2-29 10,200
Ann Arbor, Mich.
General Library
University of Michigan
Documents Division

Health
is also
A. P.
esters

bered
1891
encies
ed by
g mil-
ays.

the U.S.
every
Census
ulation
ales.-

P.H.

ent

1940,
ornie,
stance
d for

ALTH

1-58 10,000